FORM PTO-1449	Attorney Docket Number	35871/MAK/M479	
	Application Number	To be assigned	
INFORMATION DISCLOSURE	Filing Date	October 6, 1999	
STATEMENT BY APPLICANT	Applicant(s)	Joel Quaid	
(use as many sheets as necessary)	Group Art Unit	UNKNOWN	
(ass as many sheets as necessary)	Examiner Name	UNKNOWN	

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EXAMINER SIGNATURE	David J. Isabella	$\langle N \rangle$	\ 1	DATE CONSIDERED	7	7	al	-
EXAMINER: I	nitial if reference considered, whether	4.01	not citation is in conform	nance with MPEI	P 609; 1	Drav	w line through citation if not in	_

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EXAMINER SIGNATURE	David J. Isabella Primary Examiner	DATE CONSIDERED	Molay					
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.								
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	OTHER DOCUMENTS						
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EXAMINER SIGNATURE	David J. Isabella	M	1		DATE CONSIDERED	2/)/4	H
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